

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16774

State File No.

FILED JUN 14 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5134

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution.....
St. Louis City Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 15 Days
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME James Winslow

3. (b) If veteran, name war No 3. (c) Social Security No. 499-81-430

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife..... Catherine Winslow 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased..... Feb. 15, 1881
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>3</u>	<u>16</u>	hr. min.

9. Birthplace..... St. Louis Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business.....

12. Name James Winslow

13. Birthplace..... Scotland
 (City, town, or county) (State or foreign country)

14. Maiden name Jane Greenen

15. Birthplace..... Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Catherine Winslow(b) Address 802 Ann Ave.

17. (a) burial (b) Date thereof June 4, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter and Paul18. (a) Signature of funeral director..... Weick Bros.(b) Address 2201 S. Grand Bl.

19. (a) JUN 7 1943 J. F. Breck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
 (c) City or town..... St. Louis,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 802 Ann Ave.
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1,
 year 1943 hour 6:10 minute P. M.

21. I hereby certify that I attended the deceased from May
18, 1943, to June 1, 1943
 that I last saw him alive on June 1, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Osteomyelitis of lumbar vertebraeNon-tubercular

Due to.....

Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy as above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?..... (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature..... Louis J. Vandorff
 Address 1515 Lafayette Avenue Date signed 6/2/43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Vernon C. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.